

VERIFICATION OF A TRANSLATION

I, the below named translator, hereby declare that:

That my name is Satoshi ISHIKAWA;

That my address is 613-13, Kamiwada, Yamato-shi,  
Kanagawa-ken, Japan;

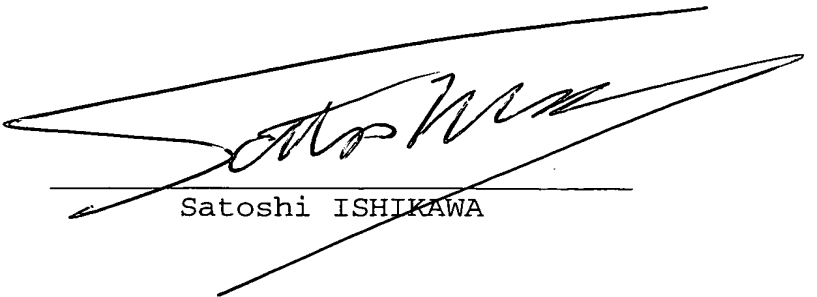
That I know well both the English and Japanese  
languages;

That I translated a International Application No.  
PCT/JP02/05610 filed on June 6 2002, into the English  
language;

That the attached English language translation is a true  
and correct translation of the International Application  
No. PCT/JP02/05610 filed on June 6 2002, to the best of  
my knowledge and belief; and

That I hereby declare that all statements made herein of  
my own knowledge are true and that all statements made  
on information and belief are believed to be true; and  
further that these statements were made with the  
knowledge that willful false statements and the like so  
made are punishable by fine or imprisonment, or both,  
under section 1001 of Title 18 of the United States Code  
and that such willful false statements may jeopardize  
the validity of the application or any patent issued  
thereon.

Date: November 21, 2003



Satoshi ISHIKAWA

PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum)

A2020

## Box No. I TITLE OF INVENTION

MULTI-CHAMBER CONTAINER

## Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Mitsubishi Chemical Corporation

5-2, Marunouchi 2-chome,  
Chiyoda-ku, Tokyo 100-0005 Japan

Telephone No. (03)3283-6962

Facsimile No. (03)3283-6984

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality: JAPAN

State (that is, country) of residence: JAPAN

This person is applicant  
for the purposes of:☐ all designated  
States☒ all designated States except  
the United States of America☐ the United States  
of America only☐ the States indicated in  
the Supplemental Box

## Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Q.P. Corporation

4-13, Shibuya 1-chome, Shibuya-ku,  
Tokyo 150-0002 Japan

This person is:

☒ applicant only☐ applicant and inventor☐ inventor only (If this check-box  
is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality: JAPAN

State (that is, country) of residence: JAPAN

This person is applicant  
for the purposes of:☐ all designated  
States☒ all designated States except  
the United States of America☐ the United States  
of America only☐ the States indicated in  
the Supplemental Box☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

## Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent☐ common  
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

OKADA Kazuhiko

Kudan Kangyo Bldg. 6F, 10-1, Kudan-Kita 1-chome,  
Chiyoda-ku, Tokyo 102-0073 Japan

Telephone No. 03-5275-3533

Facsimile No. 03-5210-7189

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

<b>Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  SAITO Hisatoshi  11-11, Arima 9-chome, Miyamae-ku, Kawasaki-shi, Kanagawa 216-0003 Japan	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>  Applicant's registration No. with the Office
State <i>(that is, country)</i> of nationality: JAPAN	State <i>(that is, country)</i> of residence: JAPAN
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  NISHIHARA Yoshio  Oshima 38-215, Momoyama-cho, Fushimi-ku, Kyoto-shi, Kyoto 612-8006 Japan	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>  Applicant's registration No. with the Office
State <i>(that is, country)</i> of nationality: JAPAN	State <i>(that is, country)</i> of residence: JAPAN
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  TAKAYANAGI Kenjiro  c/o Mitsubishi Chemical Corporation 1, Toho-cho, Yokkaichi-shi, Mie 510-8530 Japan	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>  Applicant's registration No. with the Office
State <i>(that is, country)</i> of nationality: JAPAN	State <i>(that is, country)</i> of residence: JAPAN
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>  Applicant's registration No. with the Office
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

**Box No. V DESIGNATION OF STATES**

*Mark the applicable check-boxes below; at least one must be marked.*

The following designations are hereby made under Rule 4.9(a):

**Regional Patent**

- ☐ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)
- ☐ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)

**National Patent** (*if other kind of protection or treatment desired, specify on dotted line*):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates               | <input type="checkbox"/> GM Gambia                                    | <input type="checkbox"/> NZ New Zealand                         |
| <input type="checkbox"/> AG Antigua and Barbuda                | <input type="checkbox"/> HR Croatia                                   | <input type="checkbox"/> OM Oman                                |
| <input type="checkbox"/> AL Albania                            | <input type="checkbox"/> HU Hungary                                   | <input type="checkbox"/> PH Philippines                         |
| <input type="checkbox"/> AM Armenia                            | <input type="checkbox"/> ID Indonesia                                 | <input type="checkbox"/> PL Poland                              |
| <input type="checkbox"/> AT Austria                            | <input type="checkbox"/> IL Israel                                    | <input type="checkbox"/> PT Portugal                            |
| <input type="checkbox"/> AU Australia                          | <input type="checkbox"/> IN India                                     | <input type="checkbox"/> RO Romania                             |
| <input type="checkbox"/> AZ Azerbaijan                         | <input type="checkbox"/> IS Iceland                                   | <input type="checkbox"/> RU Russian Federation                  |
| <input type="checkbox"/> BA Bosnia and Herzegovina             | <input type="checkbox"/> JP Japan                                     |   |
| <input type="checkbox"/> BB Barbados                           | <input type="checkbox"/> KE Kenya                                     | <input type="checkbox"/> SD Sudan                               |
| <input type="checkbox"/> BG Bulgaria                           | <input type="checkbox"/> KG Kyrgyzstan                                | <input type="checkbox"/> SE Sweden                              |
| <input type="checkbox"/> BR Brazil                             | <input type="checkbox"/> KP Democratic People's Republic of Korea     | <input type="checkbox"/> SG Singapore                           |
| <input type="checkbox"/> BY Belarus                            | <input type="checkbox"/> KR Republic of Korea                         | <input type="checkbox"/> SI Slovenia                            |
| <input type="checkbox"/> BZ Belize                             | <input type="checkbox"/> KZ Kazakhstan                                | <input type="checkbox"/> SK Slovakia                            |
| <input type="checkbox"/> CA Canada                             | <input type="checkbox"/> LC Saint Lucia                               | <input type="checkbox"/> SL Sierra Leone                        |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LK Sri Lanka                                 | <input type="checkbox"/> TJ Tajikistan                          |
| <input checked="" type="checkbox"/> CN China                   | <input type="checkbox"/> LR Liberia                                   | <input type="checkbox"/> TM Turkmenistan                        |
| <input type="checkbox"/> CO Colombia                           | <input type="checkbox"/> LS Lesotho                                   | <input type="checkbox"/> TN Tunisia                             |
| <input type="checkbox"/> CR Costa Rica                         | <input type="checkbox"/> LT Lithuania                                 | <input type="checkbox"/> TR Turkey                              |
| <input type="checkbox"/> CU Cuba                               | <input type="checkbox"/> LU Luxembourg                                | <input type="checkbox"/> TT Trinidad and Tobago                 |
| <input type="checkbox"/> CZ Czech Republic                     | <input type="checkbox"/> LV Latvia                                    | <input type="checkbox"/> TZ United Republic of Tanzania         |
| <input type="checkbox"/> DE Germany                            | <input type="checkbox"/> MA Morocco                                   | <input type="checkbox"/> UA Ukraine                             |
| <input type="checkbox"/> DK Denmark                            | <input type="checkbox"/> MD Republic of Moldova                       | <input type="checkbox"/> UG Uganda                              |
| <input type="checkbox"/> DM Dominica                           | <input type="checkbox"/> MG Madagascar                                | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> DZ Algeria                            | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input type="checkbox"/> UZ Uzbekistan                          |
| <input type="checkbox"/> EC Ecuador                            | <input type="checkbox"/> MN Mongolia                                  | <input type="checkbox"/> VN Viet Nam                            |
| <input type="checkbox"/> EE Estonia                            | <input type="checkbox"/> MW Malawi                                    | <input type="checkbox"/> YU Yugoslavia                          |
| <input type="checkbox"/> ES Spain                              | <input type="checkbox"/> MX Mexico                                    | <input type="checkbox"/> ZA South Africa                        |
| <input type="checkbox"/> FI Finland                            | <input type="checkbox"/> MZ Mozambique                                | <input type="checkbox"/> ZM Zambia                              |
| <input type="checkbox"/> GB United Kingdom                     | <input type="checkbox"/> NO Norway                                    | <input type="checkbox"/> ZW Zimbabwe                            |
| <input type="checkbox"/> GD Grenada                            |   |   |
| <input type="checkbox"/> GE Georgia                            |   |   |
| <input type="checkbox"/> GH Ghana                              |   |   |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation (including fees) must reach the receiving Office within the 15-month time limit.*)

*See Notes to the request form*

Box No. IX CHECK LIST; LANGUAGE OF FILING														
<p>This international application contains:</p> <p>(a) the following number of sheets in paper form:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">request (including declaration sheets)</td> <td style="width: 20%; text-align: right;">5</td> </tr> <tr> <td>description (excluding sequence listing part)</td> <td style="text-align: right;">34</td> </tr> <tr> <td>claims</td> <td style="text-align: right;">5</td> </tr> <tr> <td>abstract</td> <td style="text-align: right;">1</td> </tr> <tr> <td>drawings</td> <td style="text-align: right;">1</td> </tr> <tr> <td><b>Sub-total number of sheets</b></td> <td style="text-align: right;"><b>46</b></td> </tr> </table> <p>sequence listing part of description (<i>actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below</i>)</p> <p><b>Total number of sheets</b> : 46</p> <p>(b) sequence listing part of description filed in computer readable form</p> <p>(i) <input type="checkbox"/> only (under Section 801(a)(i))</p> <p>(ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801(a)(ii))</p> <p><b>Type and number of carriers</b> (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (<i>additional copies to be indicated under item 9(ii), in right column</i>):</p>	request (including declaration sheets)	5	description (excluding sequence listing part)	34	claims	5	abstract	1	drawings	1	<b>Sub-total number of sheets</b>	<b>46</b>	<p>This international application is <b>accompanied by</b> the following item(s) (<i>mark the applicable check-boxes below and indicate in right column the number of each item</i>):</p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> fee calculation sheet :</li> <li>2. <input type="checkbox"/> original separate power of attorney :</li> <li>3. <input type="checkbox"/> original general power of attorney :</li> <li>4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: ..... :</li> <li>5. <input type="checkbox"/> statement explaining lack of signature :</li> <li>6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): ..... :</li> <li>7. <input type="checkbox"/> translation of international application into (language): ..... :</li> <li>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material :</li> <li>9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))               <ol style="list-style-type: none"> <li>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :</li> <li>(ii) <input type="checkbox"/> (<i>only where check-box (b)(i) or (b)(ii) is marked in left column</i>) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :</li> <li>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column :</li> </ol> </li> <li>10. <input type="checkbox"/> other (<i>specify</i>): ..... :</li> </ol>	Number of items
request (including declaration sheets)	5													
description (excluding sequence listing part)	34													
claims	5													
abstract	1													
drawings	1													
<b>Sub-total number of sheets</b>	<b>46</b>													
<b>Figure of the drawings</b> which should accompany the abstract:	<b>Fig. 1</b>	<b>Language of filing of the international application:</b> JAPANESE												

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

*Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).*

OKADA Kazuhiko

For receiving Office use only	
1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received:  <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA / JP	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only
Date of receipt of the record copy by the International Bureau: